

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

#### Section I: Agreement Details

Public Employer: City of Sea Isle City, NJ County: Cape May  
Employee Organization Middle Management/Professional Employee Association Employees in Unit: 16  
Base Year Contract Term: 1/1/2010 12/31/2014 New Contract Term 1/1/2015 12/31/2018  
Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
<b>Section II: Economic</b>		\$1207140	1231243
Item 1 ..... Salary		\$105026	\$107166
Item 2 ..... Increment		\$600	\$600
Item 3 ..... Longevity		\$1800	\$1800
Item 4 ..... Sipend		\$1800	\$1800
Item 5 ..... Clothing Allowance		\$1800	\$1800
Item 6 .....		\$1800	\$1800
Item 7 .....		\$1800	\$1800
Item 8 .....		\$1800	\$1800
Item 9 .....		\$1800	\$1800
Item 10 .....		\$1800	\$1800
Item 11 .....		\$1800	\$1800
Item 12 .....		\$1800	\$1800
Any additional Items list on separate sheet		Additional Items	
<b>Section III: Totals</b> - Sum of costs in each column		\$1314566 (Total)	1340809 (Total)

#### Section IV: Analysis of new successor agreement

#### NEW AGREEMENT ANALYSIS

Total Base Year(previous agreement) \$1314566

Effective Date (m/d/yyyy)	1/1/2015	1/1/2016	1/1/2017	1/1/2018	.....	.....
Percent Increase .....	1.9%	2.2%	2.1%	1.9%	.....	.....
Total cost of increase ..	\$26243	\$30597	29198	\$27965	.....	.....
Total base salary (successor agreement) .....	1340809	1371405	\$1400603	\$1428568	.....	.....

#### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.02% Note: Also negotiated was a reduction in healthcare plan. These savings are not reflected in the Section V Impact.  
Including health care and Increasing employee contributions reduces the impact.

Dollar Impact (average per year over term of agreement) \$28500.00

#### Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	Year 2	Year 3	Year 4
Cost of Health Plan .....	\$302042	\$239503	\$298133	\$312532	\$340660
Employee Contributions .....	\$0	\$18335	\$40451	\$64388	\$93092
Prescription .....	.....	.....	.....	.....	.....
Dental .....	\$16384	\$16384	\$15074	\$15074	\$15074
Vision .....	\$1272	\$1272	\$1272	\$1272	\$1272

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

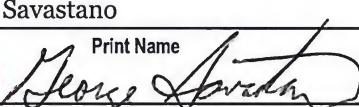
#### Section VII

Prepared by:

George Savastano

Print Name

Sign Here



Signature

Title: Administrator

Date:

2/22/17